## **Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series**

SUBCHAPTER NUMBER AND TITLE 6 SERVICE CODES AND DESCRIPTIONS **PAGE** 

6-1

HEARING INSTRUMENT SPECIALIST MANUAL

TRANSMITTAL LETTER HIS-22

**DATE** 02/01/05

601 Service Codes and Descriptions

Service

Code Service Description

# **HEARING AID SERVICES**

# **Instrument Testing**

92592	Hea	aring aid check; monaural (provider was not the original dispenser and the instrument is
		older than one year) (listening check of the instrument plus sound field testing of the instrument
		on the patient; may or may not be performed together with a diagnostic evaluation)
92593		binaural
00504	T 1	and the second s

92594 Electroacoustic evaluation for hearing aid; monaural (real ear measurement (REM) objective test of hearing instrument performance in the patient's ear as compared to a target response and electroacoustical assessment of the performance evaluation of the hearing instrument as compared to its original factory specifications)

92595 binaural

## Office Visits for Evaluation and Management Services

99499 Unlisted evaluation and management service (up to a maximum of six services per member per date of service). Providers may submit a prior authorization request pursuant to 130 CMR 450.144 (A) for members under 21 for units in excess of six per member per date of service.

#### **Refitting Services/Other Professional Services**

V5011 Fitting/orientation/checking of hearing aid

## **Hearing Aid Purchases-Monaural**

V5030	Hearing aid, monaural, body worn, air conduction (P.A. if cost exceeds \$500) (I.C.)
V5040	Hearing aid, monaural, body worn, bone conduction (P.A. if cost exceeds \$500) (I.C.)
V5050	Hearing aid, monaural, in the ear (P.A. if cost exceeds \$500) (I.C.)
V5060	Hearing aid, monaural, behind the ear (P.A. if cost exceeds \$500) (I.C.)
V5246	Hearing aid, digitally programmable analog, monaural, ITE (in the ear) (P.A. if cost exceeds \$500)
	(I.C.)
V5247	Hearing aid, digitally programmable analog, monaural, BTE (behind the ear) (P.A. if cost exceeds
	\$500) (I.C.)
V5256	Hearing aid, digital, monaural, ITE (P.A. if cost exceeds \$500) (I.C.)
V5257	Hearing aid, digital, monaural, BTE (P.A. if cost exceeds \$500) (I.C.)

# **Hearing Aid Purchases-Binaural**

V5130	Binaural, in the ear (P.A. if cost exceeds \$1,000) (I.C.)
V5140	Binaural, behind the ear (P.A. if cost exceeds \$1,000) (I.C.)
V5150	Binaural, glasses (P.A. if cost exceeds \$1,000) (I.C.)
V5252	Hearing aid, digitally programmable, binaural, ITE (P.A. if cost exceeds \$1,000) (I.C.)

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6-2

HEARING INSTRUMENT SPECIALIST MANUAL

TRANSMITTAL LETTER HIS-22

DATE 2/1/05

601 Service Codes and Descriptions (cont.)			
Service Code	Service Description		
V5253 V5260 V5261	Hearing aid, digitally programmable, binaural, BTE (P.A. if cost exceeds \$1,000) (I.C.) Hearing aid, digital, binaural, ITE (P.A. if cost exceeds \$1,000) (I.C.) Hearing aid, digital, binaural, BTE (P.A. if cost exceeds \$1,000) (I.C.)		
	Hearing Aid Purchases-CROS and BICROS		
V5170 V5180 V5190 V5210 V5220 V5230	Hearing aid, CROS, in the ear (P.A. if cost exceeds \$1,000) (I.C.) Hearing aid, CROS, behind the ear (P.A. if cost exceeds \$1,000) (I.C.) Hearing aid, CROS, glasses (P.A. if cost exceeds \$1,000) (I.C.) Hearing aid, BICROS, in the ear (P.A. if cost exceeds \$1,000) (I.C.) Hearing aid, BICROS, behind the ear (P.A. if cost exceeds \$1,000) (I.C.) Hearing aid, BICROS, glasses (P.A. if cost exceeds \$1,000) (I.C.)		
	Hearing Aid Purchases-Other		
V5070 V5080 V5100 V5274 V5298	Glasses, air conduction (I.C.) Glasses, bone conduction (I.C.) Hearing aid, bilateral, body worn (I.C.) Assistive listening device, not otherwise specified (P.A.) (I.C.) (Use this code only for pockettalkers.) Hearing aid, not otherwise classified (P.A.) (I.C.)		
	Hearing Aid Repairs, Accessories, and Related Services		
V5014 V5264 V5265 V5266 V5267 V5275 V5299	Repair/modification of a hearing aid (I.C.) Ear mold/insert, not disposable, any type (I.C.) Ear mold/insert, disposable, any type (I.C.) Battery for use in hearing device (per battery) Hearing aid supplies/accessories (I.C.) Ear impression, each Hearing service, miscellaneous (P.A.) (I.C.)		
	Cochlear Implant Batteries		
L8620 L8621 L8622	Lithium ion battery for use with cochlear implant device, replacement, each (I.C.) Zinc air battery for use with cochlear implant device, replacement, each (I.C.) Alkaline battery for use with cochlear implant device, any size, replacement, each (I.C.)		
	Hooring Aid Disponsing Foos		

# **Hearing Aid Dispensing Fees**

V5160	Dispensing fee, binaural
V5200	Dispensing fee, CROS
V5240	Dispensing fee, BICROS
V5241	Dispensing fee, monaural hearing aid, any type